REQUIREMENTS FOR LICENSURE - ARCHITECT

Access this form via website at: www.state.hi.us/dcca/pvl

LICENSURE THROUGH ENDORSEMENT

REQUIREMENTS

If you are currently licensed in another jurisdiction, you may become licensed through endorsement if you:

- 1) Hold a current and valid license;
- 2) Possess the proper education and/or experience as contained below; and either
- 3) Passed the NCARB or equivalent exams; or
- 4) Hold a current and valid NCARB certificate.

EDUCATION & EXPERIENCE

- 1) Bachelor's, master's, or higher degree in architecture from a school or college approved by the Board, **and** 3 years of lawful experience in architecture; **or**
- 2) Graduate of a 4-year architectural, pre-architectural or arts and science curriculum from a school or college approved by the Board, **and** 5 years lawful experience in architecture; <u>or</u>
- 3) Graduate of a 2-year architectural technology curriculum from a community college or technical training school approved by the Board, **and** 8 years lawful experience in architecture; **or**
- 4) 11 years lawful experience in architecture in lieu of a degree.

Note: To be acceptable, your experience must have been under the supervision of a licensed architect. You will need to document your experience in the experience record portion of the application. Additionally, your supervisor(s) will need to verify your experience by completing the "Verification of Supervision" form.

FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges must have their foreign education evaluated if they wish to have their college degree(s) considered.

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "Application for Evaluation of Foreign Educational Credentials". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). Request a general report. The address and instructions are on that application form. Applications are also available on the internet at www.ece.org.

Reports are usually prepared by ECE and a copy sent to us within 4-6 weeks following receipt of all required documents.

EXAMINATION (FOREIGN)

If you are licensed and took your exam(s) in a foreign country, you will need to contact that Board to have them supply directly to us, the following information in English:

- 1) Your current licensing status;
- 2) Exam(s) taken;
- 3) Date of the exam(s);
- 4) Number of hours of the exam(s);
- 5) Subjects covered:

- 6) Number of questions in each subject area;
- 7) Total number of exam questions;
- 8) Passing score: and
- 9) Grade you obtained.

NOTE: To be acceptable, your exam(s) must be equivalent to those described above.

VERIFICATION OF EXAM/LICENSE

Verification of your **exam scores** and out-of-state license must be accomplished. Send the "Verification of Exam/License" form S-1 to the state in which you were ORIGINALLY LICENSED BY EXAMINATION with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate.

VERIFICATION OF SUPERVISION

Applicants for licensure must have worked for a specified number of years under the supervision of licensed architect(s). To verify this period of supervision, you must have the enclosed form EAS-13 "Verification of Supervision" completed by your supervisor. If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience directly to the Board. The processing of your application may be delayed if this information is not provided.

FEE

Attach the \$75 application fee (check made payable to Commerce and Consumer Affairs).

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15 service fee will be charged for checks which are returned by the bank.

FEE (Cont.)

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be received within 60 days of the date that your application for a license is denied.

SUBMITTALS

In addition to the application fee of \$75, you will need to do the following:

- 1) Complete the entire application; provide details of your experience in the experience record portion (keeping in mind that "supervisor" refers to licensed architects other than yourself);
- 2) Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college or ECE report (if you are a graduate of a foreign college);
- 3) Provide "Verification(s) of Supervision" forms completed by your supervisor(s) who is a licensed architect;
- 4) Provide the "Verification of Exam/License" form, S-1.

or

For NCARB certificate holders:

- 1) Complete page 1 of the application, and sign on page 2; and
- 2) Have NCARB submit your NCARB Council Record.

LICENSURE THROUGH EXAMINATION

EDUCATION & EXPERIENCE

You must have one of the following:

- 1) Bachelor's, master's, or higher professional degree in architecture from an approved institution, and completion of the Intern Development Program (IDP) of NCARB or of any similar program satisfactory to the Board; **or**
- 2) Graduate of a 4-year architectural, pre-architectural or arts and science curriculum from an approved school or college, completion of IDP, **and** 2 years of additional lawful experience; **or**
- 3) Graduate of a 2-year architectural technology curriculum from an approved community college or technical training school, completion of IDP, **and** 5 years of additional lawful experience; **or**
- 4) Completion of IDP and 8 years of additional lawful experience.

Note: To contact NCARB regarding IDP, call (202) 879-0520; to contact NCARB regarding the examination, call (202) 783-6500; or go to the NCARB website at: www.ncarb.org.

FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges must have their foreign education evaluated if they wish to have their college degree(s) considered.

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "Application for Evaluation of Foreign Educational Credentials". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). The address and instructions are on that application form. Applications are also available on the internet at: www.ece.org.

Reports are usually prepared by ECE and a copy sent to us within 4-6 weeks following receipt of all required documents.

VERIFICATION OF SUPERVISION

Besides verifying your experience through IDP, depending on your education, you may be required to document additional years of lawful experience. Please have your supervisor(s) who is a licensed architect document your experience by completing the "Verification of Supervision" form.

FEE

Attach the \$75 application fee (check made payable to Commerce and Consumer Affairs).

SUBMITTALS

In addition to the application fee of \$75, you will need to do the following:

- Complete the <u>entire</u> application; provide details of your experience in the experience record portion (keeping in mind that "supervisor" refers to licensed architects other than yourself);
- Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college or ECE report (if you are a graduate of a foreign college); and
- 3) Provide "Verification(s) of Supervision" forms completed by your supervisor(s) who is a licensed architect.

EXAMINATION APPROVAL

Upon approval of your application, we will inform the test administrator, Chauncey Group International, of your eligibility to take the A.R.E. Chauncey Group will inform Sylvan, testing vendor, of your eligibility and concurrently send to you an Authorization to Test (ATT) indicating the divisions you are eligible to test. You will also be sent a Bulletin of Information that provides information about how to schedule an appointment to take the examination and payment of fees.

GENERAL INFORMATION

BOARD'S ADDRESS Mailing address: BOARD OF EASLA

DCCA. PVL Licensing Branch

or P.O. Box 3469

1010 Richards St., 1st Floor Honolulu, HI 96801 Honolulu, HI 96813

Office Location:

NOTE: Only "complete" applications are considered by the Board. An application is considered complete only after all documents are received. Therefore, you are responsible for insuring that all the "Verification(s) of Supervision" forms are submitted.

CERTIFICATION OF LAWS AND RULES

In addition to the requirements above, you must certify to reading, understanding, and agreeing to comply with the laws and rules that the board determines are required for licensure.

LAWS & RULES

To obtain a copy of the laws, Chapter 464, Hawaii Revised Statutes, and rules, Chapter 115, Hawaii Administrative Rules, make a written request and send \$1.75 to: CASHIER, COMMERCE AND CONSUMER AFFAIRS, P.O. Box 541, Honolulu, Hawaii 96809. Price subject to change without notice. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. Indicate the specified chapters in your request.

The rules are posted on our website at: www.state.hi.us/dcca/pvl, then scroll down to Engineer, Architect, Surveyor, and Landscape Architect. The laws will be posted during the fall of 2001.

LICENSE FEES

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

BIENNIAL RENEWAL All licenses, regardless of issuance date, expire on April 30 of each EVEN-NUMBERED year and are subject to renewal by the license expiration date. To ensure receipt of the renewal application which is mailed about 60 days prior to the license expiration date keep the board's office informed of your current mailing address. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

ABANDONMENT OF APPLICATION You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

APPLICATION FOR LICENSURE - ARCHITECT

State of Hawaii Board of Engineers, Architects, Land Surveyors & Landscape Architects

					Architects
Check the type	e of application applying for:				
1 Ap	plication for Endorsement				
a. Lice	ensed in				
	(State)		¥		
b. Lice	ense #		Ш		
с Еха	am passed in		_ Sn		
	(State)	(Date)	RD		
	ner State examined in		%		
	plication for Examination.		 FOR BOARD USE ONLY		
Legal Name (F	irst, Middle-LAST)		"		
Residence Add	dress (Include Apt. No., City, State & Zip Code)		License No.		Date Licensed
			AR -		
			0 110 1		St. N. (I.)
Mailing Address (ONLY if different from above)		Social Security	Number	Phone No. (days)	
Other Names u	used:				
Employer's Nar	me, Address & Phone No.				
(1) Are you	at least 18 years of age?				YES NO
(2) Are you	a U.S. citizen, a U.S. national, or an alien author	orized to work in the Ur	nited States?		YES NO
	ast 20 years have you been convicted of a crim				V50 NO
	nulled or expunged?				
	license ever been suspended, revoked or othe	- · · · · · · · · · · · · · · · · · · ·			
(5) Are there EXPLAII	e any disciplinary actions pending against you? N 'YES' RESPONSES, PROVIDING DATES	, PLACES, AND TYP	E OF CONVICTION	I OR DISCIPLINA	ARY ACTION ON A SEPARATE
SHEET.					
		Dates (Mo/Yr)	Date	Degree	
	Name & Location of School	From To	Graduated	Received	Technical Course
', "	Architectural College/University				
Arc arify rch.					
ON Of L C C C					
ATI hool sity "B in					
EDUCATION Indicate if School of L. Arch. with university & clarify degree, as "B in L. Arch."	Other College/University				
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		(CONTINUED ON I	App	244.	\$75
			½ Ren	240.	\$50 \$40
EAS-02 0801R					\$35/\$70 5\$15

	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. Designate each employment or change in position by a separate	YOUR SUPERVISOR		
ENGAGEMENT	FROM TO TIME			letter and a ruled line extending across page. Include magnitude & complexity of work on which engaged, your duties & degree of responsibility. Have in mind that the Application Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.	NAME & ADDRESS	LICENSED ARCHITECT?	
				SUMMARY (By Applicant)			
				TOTAL EXPERIENCE SUMMARY (By Board)			
AFFIDAVIT OF APPLICANT:							
I, the person named on this application, being first duly sworn, do depose and say: That I have read this application and know the contents thereof and that, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith. I also certify that I have read, understand, and agree to comply with the laws and rules that the board determines are required for licensure.							
Date					ture of Applicant		

VERIFICATION OF SUPERVISION - ARCHITECTS

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed architect(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P. O. Box 3469, Honolulu, Hawaii 96801.

Name of Applicant:	Name of Supervisor:						
Name of Employer:	Address of Supervisor:						
The applicant worked under my supervision from	to	Total Yrs Mos					
2. During the time indicated above, I was licensed as a:							
a. [] Architect Certificate No	Date of Licensure	State					
b. [] Other Profession of Licensure Certificate No.	Date of Licensure	State					
3. What was the scope of your supervision?							
Please describe specific assignments given to applicant or	n projects while under your supervision:						
Other comments regarding the applicant:							
g							
I hereby certify that the statements and answers contained the best of my knowledge; and the statements given regarding n	d in this verification regarding the person named myself are true and correct.	l as applicant are true and correct to					
	Signature o	f Supervisor					
	guant	·					
	Date						

VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS

State of Hawaii Board of EASLA

	APPLICANT: Complete top of this page and forward to ORIGINAL state of license.									
A P P L	Name (LAST, First, Middle)					Other Names used:				
	Address (Include apt. no., city, state and zip code)				Social Security No.					
						Phone No.				
C					Circle type of License Held:					
A N	License No.		Date Issue		PE ARCH			LAND ARCH LAND SURVEYOR		
Т	I hereby authorize the licensing agency in the State of								to furnis	h to the Department of
	Date SIGN HERE:									
DA	DTII EOD ST	ATE BOARD ONL	V TO COMP	LETE						
PART II - FOR STATE BOARD ONLY TO COMPLETE The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your board seal and mail directly to: BOARD OF EASLA DCCA, PVL LICENSING BRANCH P.O. BOX 3469 HONOLULU, HI 96801										
		PROFESSIONAL	ENGINEER IN		LANDS	SCAPE	LAND			GOOD STANDING
Cert	tificate Number	ENGINEER	TRAINING	ARCHITECT	ARCHITECT		SURVEYOR		[] Licens	se is in good standing.
Date Issued Valid Until								[] If any pending action or particles and sanctions, please explain on reverse.		
	e Applied								side.	
EIT accepted from (name of states): Indicate DISCIPLINE OF ENGINEERING examined in (Use "NA" if not applicable)							Use "NA" if not applicable):			
	Exan	nination Subjects		No. of Hours	Grad Obtair		Passing Grade Required		nth & Year Passed	Uniform NCEES, NCARB or CLARB exam?
				<u> </u>	1					
BY: _						_				
TITLE	= :					_			BOARD	SEAL
DATE	DATE: (if none, please state none)									